

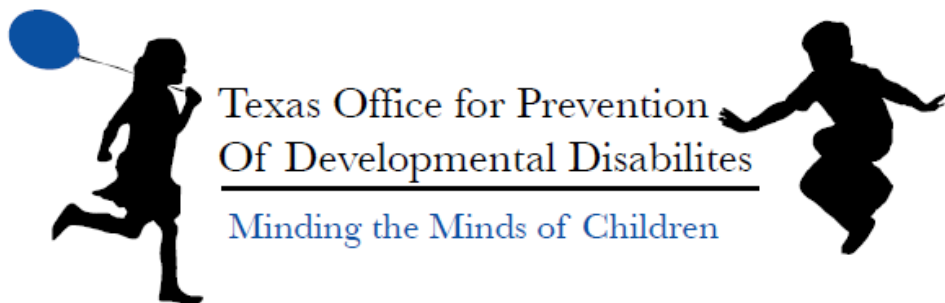
Texas Biennial Disability Report

December 1

2010

Prepared by:

The Texas Office for Prevention of Developmental
Disabilities



About the Texas Office for Prevention of Developmental Disabilities

The Office for Prevention of Developmental Disabilities was created by the Texas Legislature in 1989 to coordinate prevention activity among the state's health and human services enterprise. The governor and legislature directed the agency to address substance abuse, teen pregnancy, and childhood head and spinal cord injury. The agency's mission is to help minimize the human and economic losses caused by preventable developmental disabilities.

A nine member, executive committee consisting of experts in medicine, business, academia, and mental health governs the agency and establishes policy directed toward its priorities: preventing fetal alcohol spectrum disorders (FASD) and head and spinal cord injury.

Executive Committee

Representative Vicki Truitt, Chair (Keller)
Marian Sokol, Vice-Chair (San Antonio)
Richard Garnett (Ft. Worth)
Angelo Giardino (Houston)
Ashley Givens (Dallas)
Representative Jim Jackson (Carrollton)
Valerie Kiper (Amarillo)
Joan Roberts-Scott (Austin)
Mary Tijerina (San Marcos)

Two state task forces actively advise the agency on 1) prevention of alcohol-exposed pregnancies the cause of FASD and 2) educating parents and young children about using helmets, safely riding bicycles, and avoiding common childhood injuries.

The agency strives to coordinate activity among private and public organizations to address preventable developmental disabilities. The goals directing this work include:

- ❖ Educate the public about FASD and head and spinal cord injury.
- ❖ Train professionals to provide services to individuals affected by brain injury.
- ❖ Implement public health strategies that emphasize prevention using evidence-based strategies.

Introduction

The Council on Developmental Disabilities provided a report with well-thought out, forward thinking recommendations that TOPDD wholeheartedly supports. Individuals with developmental disabilities need and deserve the opportunity to develop to their fullest potential, and with some basic support, people with disabilities can more easily contribute to and enrich the community. Texas would be in a far better position to support such services if the number of people with these disabilities was reduced.

This can easily and efficiently be done by preventing those developmental disabilities that are preventable. The Texas Legislature saw the need to prevent developmental disabilities in 1989 and created The Office for Prevention of Developmental Disabilities (TOPDD). Our mission is to reduce the human and economic harm caused by preventable disabilities. The first focus of the Office was on prevention of head and spinal cord injury. While this remains a priority area, in 1993 the executive committee decided to address prevention of Fetal Alcohol Spectrum Disorder (FASD). For the next decade, the agency's activity focused on increasing public awareness and education about FASD. While there are many developmental disabilities facing our growing population in Texas, the astounding impact of FASD and potential of prevention will be the focus of this document.

The exponential growth of children needing services has caused the state to make decisions that its leaders would certainly prefer not to make. Today there are children with serious disabilities who receive early childhood intervention services on a monthly basis, when previously they would have received services weekly and made quick progress. Our system is crushed under the numbers of people it is serving. Everyone knows that the result of giving such few services to children with complex needs means more expenses to the state over the long term, but there doesn't seem to be a solution given our current resources and the flat federal funding. *In order to take Texas away from this cycle, we need to change course and reduce the incidence of developmental disabilities so that more resources will be available to serve those that have them.*

Public policy makers often feel as if they are stuck with the "finger in the dyke," approach, yet they simultaneously see the hole in the dyke growing each day and the dyke continuing to weaken.

Through this report, TOPDD plans to 1) Provide some contextual information on: brain research, developmental disability causes, definitions, a personal glimpse of how factors come together to cause a preventable disability to occur, 2) Provide a picture of the costs associated with developmental disabilities, 3) Describe "the perfect storm in Texas" that brings rise to developmental disabilities that are, in fact, completely preventable.

While it is clear that there are amazing long term benefits to prevention (fewer people in prison, fewer people in long term care, increased productivity, etc.) our emphasis is going to be on the short term. In this economic environment, we need to save money and save money now, not just later. We plan to provide irrefutable evidence of the short term financial benefits of implementing low costs interventions, with the focus on one pervasive and common example. We hope that this will provide insight on the effectiveness of prevention and show that even in this economy; the state can take steps to better the lives of Texans while also saving money.

About Preventable Developmental Disabilities (PDD)

What are Developmental Disabilities and their impact?

Developmental disabilities are those that impact an individual's functioning in 3 or more of the following areas:

- ❖ Economic Self Sufficiency
- ❖ Learning
- ❖ Mobility
- ❖ Receptive and Expressive Language
- ❖ Self care
- ❖ Self direction

(as defined in United States Code title 42, Chapter 144.)

Preventable Developmental Disabilities-Invisible Problem/Palpable Impact

Unlike many other disabilities, some developmental disabilities are invisible and yet those who have them often have to do their best to "fit in". Individuals with developmental disabilities often look just like everyone else, but they do not always act like everyone else. They have to function in homes, schools and communities which present them with many barriers. Just because the disabilities are seemingly invisible, their impact is not.

While there have been some modifications made in schools and the communities for people with developmental disabilities, clearly the barriers are many, the accommodations few and the progress is slow, at best. While people may debate why the barriers remain (lack of political will, lack of understanding, too many barriers to remove, etc.) one cannot argue with the fact that they do and will continue to exist. Consequently, at the very least, it is in everyone's best interest and incumbent upon us as a society to prevent those disabilities that we can indeed prevent.

How Much does it Cost?

Texas is overwhelmed with the costs that are associated with preventable developmental disabilities. These costs are extensive and can include those associated with: expensive medical care, early childhood intervention, public school education, judicial services, rehabilitation, behavioral health services, food stamps and Medicaid.

One area of research has been about the secondary disabilities associated with Fetal Alcohol Spectrum Disorders (FASD). A longitudinal study on people with an FASD by Ann Streissguth¹ indicates that of the population of individuals with an FASD:

- ❖ 94% also have a mental illness
- ❖ 60% of those over age 12 have trouble with the law. Most crimes committed by this group are personal in nature: burglary, murder, child molestation.
- ❖ Are regularly subject to confinement:
 - 40% incarcerated over age 12
 - 30% in a mental institution
 - 20% in substance abuse treatment
- ❖ Comprise 70% of the child in foster care population (NOFAS). These children are difficult to place because of behaviors, and tend to spend the most time in "the system." Studies suggest that the 60% increase in children coming into care since 1986 can be attributed to alcohol and drug use by the mothers. 80% of children with an FASD are not raised by birth parents; many of them end up in the system.

The human and financial costs associated with these percentages are considerable.

Now, let us more closely consider some of the common services that these children might need on a per child basis in the state of Texas:

- ❖ Special education **\$145,433 per student** with 31,806 students being served annually. (TEA 2008-2009 state profile) ²
- ❖ Early childhood education **\$2,919** with 57,110 children receiving comprehensive services (DARS Annual report) Please note that this figure does not count the children who receive less than comprehensive services.³
- ❖ Juvenile confinement: **\$98,726** per year (\$270.49 per day)⁴
- ❖ Adult incarceration: **\$18,031** per year (\$49.40 per day)⁵
- ❖ Foster care: **\$8,084-\$88,640** per year (\$22.15 -\$242.85 per day, depending on individual needs.)⁶
- ❖ State hospital: **\$14,035** per year (\$401 per day)⁷

As our population in Texas continues to grow exponentially, covering these costs is simply not sustainable. If Texas does not take action soon, the economic and social consequences for the state will be profound.

Texas Cannot Afford Not to Implement Prevention Strategies

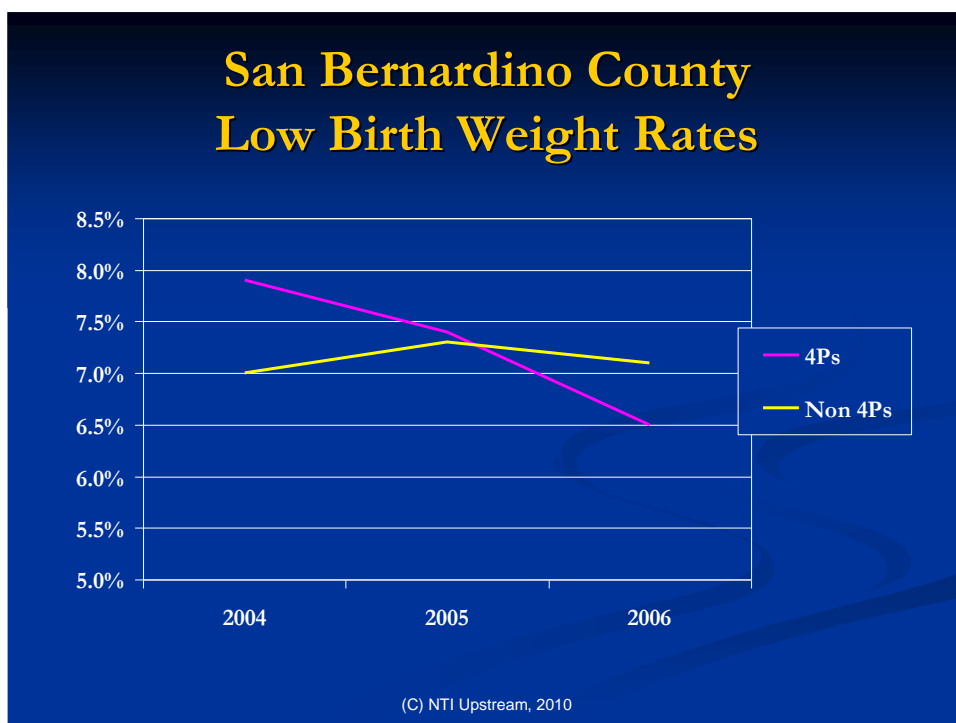
A simple intervention and its impact:

Let us explore one simple and effective cost saving mechanism: a screening and brief intervention for women on substance abuse during pregnancy.

The screenings take only a few minutes and can be easily conducted by trained physicians, nurses, social workers and other professionals who regularly interact with women. The brief intervention is truly brief and consists of some education for the women about the risks they might be taking, as well as some resources that are available to them.

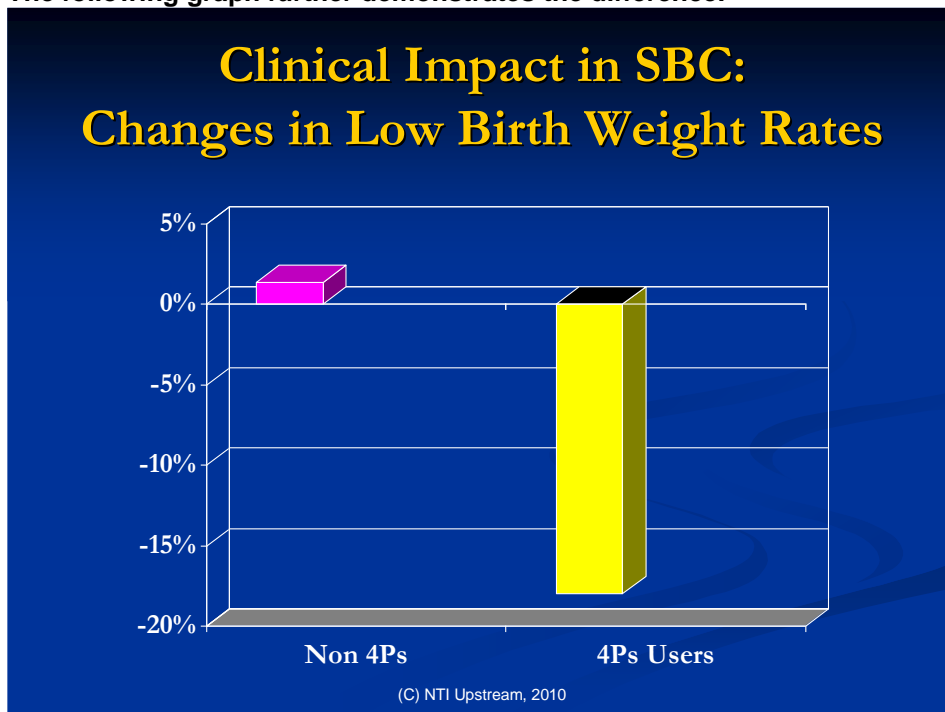
Please consider the following findings from research conducted in California.

In a study in San Bernardino County,⁸ one group of women received a screening and brief intervention called “The 4Ps Plus,” and a second group did not (this second group is labeled “Non 4Ps,” in the graph below). Consider the graph of the rates of low birth weight children born to the women in this study.



Clearly those who were given the screening and intervention demonstrated a significant decrease in the low birth weight rates in comparison to those who did not.

The following graph further demonstrates the difference.



It is clear that the group of women who had the 4Ps intervention had a significant decline in the percentage of women having babies with low birth weight. Nearly 1,000 women who were using harmful substances stopped doing so as a result of the brief screening and intervention known as the 4Ps. The impact was immediate and dramatic.

Cost of Medical Care in First Year of Life*

Low Birth Weight baby = \$49,000

Normal Birth Weight baby = \$4,551

**March of Dimes, 2006*

(C) NTI Upstream, 2010

Low birth weight children cost the state of Texas millions of dollars each year. These children often need multiple costly services-early childhood intervention, special education, etc.

LBW Savings in the First Year of Life: Solano County

*688 using → Brief Intervention → 261 continued using
405 stopped using*

Low birth weight rate for 405 is 3% →

12.2 LBW babies¹

If 405 continued then LBW rate is 12% →

48.6 LBW babies²⁻⁵

¹CDC, USDHHS

²Chasnoff et al 1992

³Windham et al, 1995

⁴Martin et al, 2006

⁵Bandstra et al, 2001

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This slide demonstrates that of 688 women in the study, 405 stopped using with only 261 continuing to use after the 4Ps brief intervention was delivered. For the 405 who stopped using, the low birth rate was only 3%. If they continued to use, then 12% of their children would have had low birth weights (a reduction of 9% occurred.) Thus, the rate of low birth rate weight babies for substance users was 4 times as high as it was for those who stopped using. The Brief Intervention used was, “I am Concerned” developed by Dr. Ira Chasnoff, a nationally recognized researcher and pediatrician. This brief intervention is very fast, simple, and easy to administer.

LBW Savings in the First Year of Life

$$48.6 - 12.2 = 36.4 \text{ babies not born LBW}$$

SAVED

$$\$49,000 \times 36.4 \text{ LBW babies} = \$1,783,000$$

(C) NTI Upstream, 2010

Implications for Texas

In Texas, in 2007, 8.4% of the total births in the state were children born with low birth weight (Texas March of Dimes)⁹

There were 407,453 live births to Texas residents in 2007. (DSHS)¹⁰ This means that approximately 34,226 babies were low birth weight that year in our state.

$$(407,453 \times 8.4\% = 34,226.05)$$

This costs the state:

\$1,677,076,450.00

In medical care in the first year of life alone.

(\$49,000 X 34,226.05 for 2007)

Can we afford not to
prevent developmental disabilities?

In a multi-site study by Children's Research Triangle (Journal of Perinatology 2005; 25: 368-374):¹¹

- ❖ 32.7% of pregnant women screened positive for substance use.
- ❖ 15% stopped using once they became aware of their pregnancy.
- ❖ 85% continued to use!

This data raises the same question...

Can't Texas use an extra
few million dollars?

By implementing screening and brief intervention, Solano County, CA (which has only 2,500 births per year) **saved...**

\$1,617,000 over a 2 year period
through savings on the
health care costs of children
(related ONLY to the first year of their lives.)

Need more reasons to prioritize prevention?

- ❖ The Texas Office for Prevention of Developmental Disabilities (TOPDD,) has been working with substance abuse treatment sites in Texas to provide a CDC developed intervention called CHOICES since 2008. A remarkable 100% of the women who completed the CHOICES program reduced their risk of an alcohol exposed pregnancy.) Thus, we have local results from multiple agencies within the state which demonstrate that prevention works.
- ❖ Other states doing screening and brief intervention include New Mexico, California, Oregon, Louisiana and Hawaii.
- ❖ Louisiana determined that after Hurricane Katrina, they couldn't afford not to do this because they desperately needed to save money. Louisiana now has universal brief intervention screening for alcohol exposure during pregnancy.
- ❖ Validated screenings and interventions are available that address a host of factors related to preventable disabilities that include both prenatal and postnatal risks.
- ❖ There is not enough space in this report to discuss the overwhelming evidence of the effectiveness of brief interventions and other prevention efforts. Hundreds of studies by well-respected researchers have demonstrated their effectiveness.

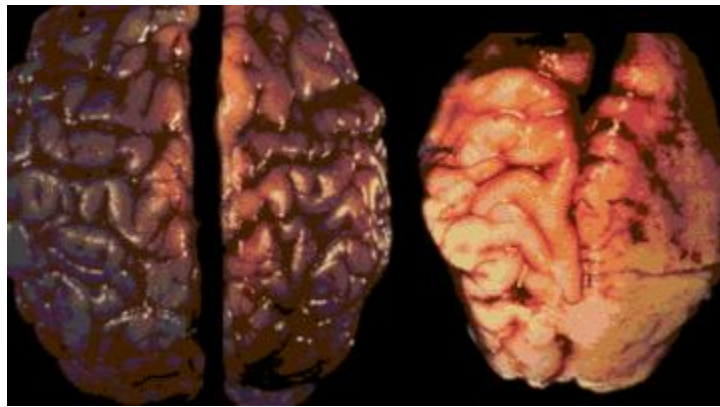
Developmental Disabilities and the Brain

Areas Impacted

While not all developmental disabilities can be seen with a brain scan, the improvements with brain imagery are providing clearer information and translate into an improved understanding of the underlying causes of different behaviors. The brain scan results of people with preventable disabilities differ depending on the individual's disability but the following is a list of common brain effects:

- ❖ Structures are missing
- ❖ Structures are compromised
- ❖ Nerve damage
- ❖ Brain size
- ❖ Smoother surfaces on the brain

The brain scan on the left is of a typical child. The brain scan on the right is of a child who has a developmental disability as a result of fetal alcohol syndrome. Notice the small size of the brain and the smooth surfaces. ¹²



While we cannot always see the underlying developmental disabilities in daily life, the disabilities that these individuals have are just as real as those which are more clearly visible such as physical disabilities.

The impact is different in each individual. However, the brain is like any other structure of the body. If one small area is impacted, the entire system is altered and that is why the disabilities impact so many life functions: economic self sufficiency, learning, mobility, language, self care, and self direction.

The Brain and the Behavior

Most people assume that developmental disabilities are the same as intellectual disabilities. However, the situation is far more complex than it may initially appear. A developmental disability can impact the brain right down to the cellular level. Other issues include a "short circuiting of the nerves in the brain," which may lead to what seems to be inconsistent behavior. Compromises to the corpus callosum, (the corpus callosum may be unusually thin, positioned differently) which impact decision-making, may make it difficult to act on information as well as hamper the ability to connect actions with outcomes. If an individual cannot truly predict the possible outcomes of his or her actions, this is a very serious matter which often creates additional financial and/or legal problems in their lives.

The areas of the brain that deal with emotion may also be affected. Even with an average IQ, if individuals process emotions differently, they may face just as many barriers as the person with intellectual disabilities. Sensory issues are also common. When sensory pathways in the brain are not clear, processing the information that comes from the senses-taste, touch, sight, sound and smell can be difficult. Typically this causes the individuals to appear distracted, restless and preoccupied. If a child is distracted and preoccupied, it makes it extremely difficult for the child to learn at the same

pace as his peers, Furthermore, if the senses are impacted, individuals have difficulty reading non verbal cues, which, when coupled with the fact that they may have trouble processing and remembering auditory information leads to tremendous life challenges.

On many levels, these children function differently than typical children and as the children grow, and the expectations increase, the differences become more apparent. Consequently, these differences make it difficult for the children to develop relationships. This has a life-long impact on the children and their families.

Secondary Disabilities Caused by Misdiagnosis

Developmental disabilities are a complex web which includes sensory, intellectual, emotional and decision-making issues that are rooted in the brain along with secondary disabilities related to socialization. Additionally, the risk for the development of secondary disabilities is extremely high because the children are so often misunderstood, misdiagnosed and mistreated. It is easy to draw the conclusion that a child is being defiant when the child cannot process simple directions, understand cause and effect and may become angry and frustrated easily. It is not uncommon for a child to be misdiagnosed as having oppositional defiant disorder or conduct disorder. The natural outgrowth of a misdiagnosis is a treatment plan that is at best ineffective and at worse, exacerbates the problems. As a possible result, the state may be financing interventions that are making children worse. It is probable that by looking at case records of children in the DFPS system, juvenile justice, etc it may become apparent that the state is spending money on making children worse. While a proper diagnosis wouldn't make challenges disappear, certainly it makes sense to identify a problem properly before coming up with and then paying for solutions.

Comparable Causes of Preventable Developmental Disabilities

The following is a list of some of the major causes of developmental disabilities:

- ❖ Fetal alcohol exposure: Fetal alcohol syndrome is estimated by the CDC to occur in, between 2 to 5 children in every 1,000 births; Fetal Alcohol Spectrum disorder is expected to be 3 times that amount. In Texas, that translates **to over 6,000 children annually.**
- ❖ Child abuse and neglect: In 2009, there were 29,743 children abused and neglected in Texas (DFPS confirmed cases) ¹³
- ❖ Brain impact-injury or compromised caused by accidents, child abuse, suicide attempts, etc.
- ❖ Fetal exposure to illicit drugs
- ❖ Lack of prenatal nutrition: Last year, 50 children in Texas were born with spina bifida, which is caused by nutritional deficiencies.

Risk Factors Associated with Preventable Developmental Disabilities

No parent intentionally causes a child to have a developmental disability. Some parents simply do not have the information that they need to: avoid substance use, employ safety measures in the home, and to create a positive home environment which benefits the child and their development. So, which parents might be most at risk for these kinds of outcomes? The parents with mental health diagnoses, substance use disorders, developmental disabilities, and those who are exposed to domestic violence. These groups are at a high risk across the board, and they often lack coping skills and the support network to proactively care for the child in utero and in life.

Case Example

Consider the following situation...

Susan is 16 years old and was sexually abused by a relative (sexual abuse is a risk factor for substance abuse, mental illness and teen pregnancy). She struggles with post traumatic stress symptoms and sometimes feels out of touch with what is happening with her. She is especially vulnerable to the attention of men because of her sexual abuse. She hasn't lived with her parents for years and usually lives with relatives or friends. She connects with a 30 year old man and moves in with him, who is abusive. She is afraid to even discuss birth control with him. Susan starts drinking to cope with her fears and anxiety. She eventually becomes pregnant. For months and months, she is in denial about being pregnant, doesn't seek prenatal care and continues to drink alcohol throughout her pregnancy. Denial has been a handy tool for her in the past to deal with her sexual abuse and also with her abusive boyfriend. Unfortunately she continues to employ it during her pregnancy. She eventually gives birth to a child who has been exposed to intermittent alcohol use throughout the pregnancy. The baby appears fine, but eventually demonstrates signs of the prenatal alcohol exposure. She wants to love her baby but has trouble bonding with him; again her PTSD symptoms come into play. She doesn't want to hurt the baby but is so distracted that she sometimes forgets to provide him with basic care. The baby eventually is taken by DFPS because of the neglect.

This story is not unlike those of many families of children with preventable developmental disabilities. Their parents often live in difficult circumstances and have some disabilities themselves-chemical, mental, cognitive. While it may not be widely known, women experiencing depression are at risk for inadequate prenatal care, poor nutrition, higher pre-term birth, low birth weight and spontaneous abortion. Neglect and substance use often go hand-in-hand with these situations. Daily survival is the top priority for these women. Safety, nutrition, avoidance of alcohol, tobacco and other drugs during pregnancy and after the birth of the child may not even be on the radar screen of the parents. As a result the baby is at higher risk for a host of issues that impact brain development.

Prevalence of Underlying Factors

This begs the question of how prevalent these underlying risk factors are. In Louisiana, where universal brief screening of pregnant women now takes place as a result of changes to state legislation, an analysis of these underlying factors was conducted, and the following were the results:¹⁴

- ❖ Alcohol use - 19.5% of screened women
- ❖ Tobacco use - 22.5% of screened women
- ❖ Illicit drugs - 14.4% of screened women
- ❖ Depression - 18.6% of screened women
- ❖ Domestic Violence - 8.1% of screened women
- ❖ Of women with positive screen for depression, 56% are using alcohol or illicit drugs
- ❖ Of women with positive screen for domestic violence, 65% are using alcohol or illicit drugs

While these results are disturbing, the good news is that 1) if we can move the needle down on any of them, we can prevent at least some children from acquiring developmental disabilities, 2) we clearly know how to reduce these factors 3) there is no reason to consider them one at a time, we can address them simultaneously.

A Perfect Storm in Texas for the Occurrence of Preventable Developmental Disabilities

A quick look at the profile of Texas demonstrates that we have several clear markers of risk as a state:

- ❖ High teen pregnancy-among the highest in the nation. (Most of the mothers do not know they are pregnant until months into the pregnancy and therefore don't alter substance use, nutrition, etc.) 4.87% of the children born in Texas are born to mothers under the age of 13. (TX DSHS 2007)¹⁵
- ❖ Low birth weight-8.4% of children have low birth weight-a major risk factor for developmental disabilities.¹⁵
- ❖ Limited Prenatal Care:
 - In first 3 months of pregnancy (the first trimester,) only 39% of women both seek and receive care.¹⁵
 - Only 8.53% of pregnant women both seek and receive prenatal care throughout their entire pregnancies.¹⁵
- ❖ High rate of alcohol use (National Survey on Drug and Alcohol 2003):¹⁶
 - 47% of people 12 years old and older reported having consumed alcohol in the past month
 - 24% reporting binge drinking of 5 or more drinks at a time (binge drinking has a very strong connection with the occurrence of Fetal Alcohol Syndrome)
 - 7.62% alcohol dependent¹⁶
- ❖ Lack of medical insurance :
 - 32% of people under 65 uninsured at least part of the year. (2004-2006: Women's Health and Family Planning)¹⁷
- ❖ Lack of access to family planning services-In 2008, 1,462,400 women were in need of publicly funded family planning. (Women's Health and Family Planning)¹⁷

Low and No Cost Recommendations

- ✓ All state agencies in Texas that could be mobilized to address developmental disabilities, (DSHS, DFPS, TEA, etc.) need specific goals and objectives related to the prevention of developmental disabilities as part of their internal plan.
 - ❖ Some agencies are doing work in this area, but it is not part of their overall strategy. Thus, the approach is less strategic than it could be.
 - ❖ Many of these agencies can use existing resources to prevent developmental disabilities.
 - ❖ TOPDD can provide the technical assistance to agencies that address the target population.
- ✓ Work with TOPDD to develop a comprehensive plan in collaboration with your office and all of the relevant agencies of cognizance that can position prevention efforts so that we can identify and use current resources to our best advantage as well as bring in new federal resources to the state.
 - ❖ Services in Texas seem to exist in silos. This is not the most effective means to any service delivery including prevention.
 - ❖ Although the budget crisis presents many challenges, it provides opportunities driven by interest in cost savings and stretching limited funds.
 - ❖ The new healthcare program provides both risks and opportunities, but “out of the box” thinking is going to be required to stretch these resources. The block grant structure that framed many services contained federal limitations that were barriers to prevention. The health care changes can provide some opportunities for more state driven and consumer-driven priorities.
- ✓ Texas needs to conduct universal screening and brief interventions for women on risk factors related to developmental disabilities (substance use, mental illness, etc).
 - ❖ This report contains extensive information on the immediate financial benefits of screening women for issues related to developmental disabilities.
 - ❖ Validated, effective screening tools are available which screen for alcohol and other drug use, mental health needs and domestic violence. Identifying who is at risk is the first step to eliminating the problems.
 - ❖ The evidence on the effectiveness of brief interventions is overwhelming. Depending on the individual, a brief intervention can be more effective than long term care.
- ✓ Require education about preventing developmental disabilities for all degree programs for pediatricians, social workers, licensed professional counselors and teachers as well as relevant certificate programs (certified alcohol and drug abuse counselor) and require that certification, licensure, and other testing include related questions.
 - ❖ It is crucial that we eliminate the “a little alcohol during a pregnancy is okay” message that so many women receive from their physician.
 - ❖ FASD, for instance is the biggest cause of intellectual disabilities, yet even special education teachers may not obtain any information on it in college. The complete lack of knowledge about this issue crosses many disciplines.
 - ❖ Children are being misdiagnosed and mistreated because of the lack of education in this area. This is a costly mistake because the treatment is ineffective if the diagnosis is wrong.
- ✓ Require training programs of relevant agencies to include workshops on topics relevant to the prevention of developmental disabilities.
 - ❖ Many state agencies that serve a large proportion of people with an FASD offer absolutely no training on this topic.
 - ❖ It would cost nothing and improve services if at least the professional community can become more knowledgeable about the prevention of developmental disabilities. (The training could be part of an existing professional development program).
 - ❖ The fact that protective services, for instance, did not offer one workshop on FASD, when it is absolutely rampant in the system (both parents and children) is a serious problem.

- ✓ Address the common root causes of child abuse, neglect and childhood injury-mental illness and substance abuse.
 - ❖ Parents don't willfully put a child at risk for a head injury or set out to abuse or neglect their children. While clearly lack of knowledge is a factor, those children at greatest risk are the children whose parents have a behavioral health disorder.
 - ❖ With the implementation of healthcare reform, the potential exists for more people who need services to receive them. Texas needs to be strategic to ensure that we address the root causes and not just the symptoms of these problems.
 - ❖ Behavioral health and social service agencies need guidance about how to develop their infrastructure to respond to any and all new opportunities that arise from the new health care policies to expand their services. A concerted effort by the state to build the capacity of these agencies will allow them to expand their services. Alternately, if our current funding structure is eliminated and the agencies are not prepared for the changes, the implications can be devastating.
- ✓ Expand efforts to prevent suicide in youth. Many suicide attempts result in life-long developmental disabilities that are completely preventable.
 - ❖ Require communities and schools to develop suicide prevention strategies.
 - ❖ Expand opportunities for youth to obtain intervention through school based health centers, community health centers, etc. and other non-threatening and effective programs. Healthcare reform should allow for the expansion of these services.
 - ❖ Require schools to implement anti-bullying strategies.
- ✓ For women who are using substances and will continue to use, it is critical that they have access to health services, including family planning.
 - ❖ Texas has been proactive in making funds available for family planning services (women's health program, etc). However, women lack awareness that they are eligible for these low/no cost services, and may need assistance in the application process. Strategic public education about family planning services will prevent developmental disabilities.

There are some high risk groups that need to be targeted:

- ❖ Women in substance abuse treatment:
 - Family planning needs to become integrated into substance abuse treatment services for women.
 - Require state funded family planning programs to prioritize women in substance abuse treatment and place limits on waiting periods for women in treatment.
- ❖ Teens who are at risk of pregnancy:
 - The high teen pregnancy rate, combined with the high binge drinking rate for teens and the co-occurrence of other risk factors related to developmental disabilities (mental health problems, abuse and neglect in their family), points to their tremendous risk for having a child who is either born with, or acquires developmental disabilities.
 - The funds exist for teens to obtain family planning services. The state can require that state funded programs targeting this population inform them about 1) the risks associated with prenatal alcohol and other drug abuse. Very few people, especially teenagers, have any idea about the risk associated with substance use 2) the availability of family planning services.
- ✓ Engage women in prenatal care.
 - ❖ Prenatal care provides a mechanism for a host of prevention efforts-brief screening and intervention, nutritional counseling, identifying high risk pregnancies. All of these efforts provide an immediate return on investment in fewer low birth weight babies.

- ✓ Expand the screening, diagnosis and treatment of FASD's and other developmental disabilities for children.
 - ❖ Texas is wasting millions of dollars on services that are either ineffective or make children worse because the diagnosis is incorrect and the treatment strategies (including medications) are inappropriate. This is especially striking in foster services where all services are paid through the public system.
 - ❖ TOPDD has trained several diagnostic teams but the waiting lists are extremely long and the demand is great.
 - ❖ Other states have used federal programs to support this work. Texas can do the same.

Concluding Remarks

While the challenges are many and the problems complex, we have a rare opportunity to implement some simple solutions to both prevent disabilities and save money, a win-win situation for all. Texas has a well deserved reputation for seeking bold solutions, even during the toughest times. TOPDD has studied these issues in detail and stands ready to assist in any way needed. We welcome the opportunity to work with you on implementing these recommendations. Together we look forward to improving the health and well being of Texas children for generations to come.

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